

Appendix 4

Key to Reading the Disposable Medical Supplies Index

The Disposable Medical Supplies (DMS) Index lists the items covered by Wisconsin Medicaid, the maximum allowable fee for each item, and the limitations applicable to each code. The DMS Index key on the reverse side of this page provides helpful information for reading the DMS Index.

Providers may access an interactive, online version of the DMS Index on Wisconsin Medicaid's Web site at www.dhfs.state.wi.us/medicaid/.

Providers may also:

- Download an electronic version from Wisconsin Medicaid's Web site at www.dhfs.state.wi.us/medicaid/.
- Purchase additional copies of the DMS Index by calling Provider Services at (800) 947-9627 or (608) 221-9883, or by writing to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Contact Provider Services for the cost of the maximum allowable fee schedule.

KEY TO READING THE DISPOSABLE MEDICAL SUPPLIES INDEX MAXIMUM ALLOWABLE FEE SCHEDULE

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| CODE: | Five-digit alphanumeric Health Care Procedure Coding System (HCPCS), formerly known as “HCFA Common Procedure Coding System,” National Level II codes developed by the federal Centers for Medicare and Medicaid Services (CMS), formerly HCFA, or Wisconsin Medicaid-assigned local procedure codes that identify the Disposable Medical Supplies (DMS). |
| MODIFIER: | Modifiers used by Wisconsin Medicaid to indicate additional entries of procedure codes associated to the HCPCS and Wisconsin Medicaid-assigned base codes. Y — Indicates modifiers specified must always be used when billing for the procedure code. N — Indicates modifiers are not required when billing for the procedure code but, if listed, may be used if the modifier indicates a more accurate definition of the supply. |
| IN NH RATE: | YES — Indicates that the item is included in the nursing home daily rate and is not separately reimbursable for Wisconsin Medicaid nursing home residents. NO — Indicates this item is not included in the nursing home daily rate and is separately reimbursable for Wisconsin Medicaid nursing home recipients. |
| IN HC RATE: | YES — Indicates that the item is included in the home care rate and is not separately reimbursable for Wisconsin Medicaid home care recipients. Home care services include covered services provided by home health agencies, personal care agencies, and nurses in independent practice. NO — Indicates this item is not included in the home care rate and is separately reimbursable for Wisconsin Medicaid home care recipients. |
| DESCRIPTION: | Base HCPCS or Wisconsin Medicaid-assigned local procedure code. The description that appears in the first row of each procedure code is the description that will appear on Remittance and Status (R/S) Reports, regardless of the modifier used. Providers will need to use the DMS Index/Maximum Allowable Fee Schedule with the R/S Report to verify Wisconsin Medicaid’s maximum allowable fee payments. Descriptions may also indicate quantities of each, package, and per box, which is considered one unit. For example, a box may contain multiple items. If “per box of 100” is indicated, the quantity or unit is equal to one (1). |
| MAX FEE: | Maximum allowable fee for each procedure code and modifier. |
| MAX QTY/MO: | Quantity allowed per recipient per calendar month (January, February, March, etc.) unless a different time period is indicated. |
| CHANGE: | Current DMS Index revisions. C — Indicates changes. N — Indicates new information. |